

Work Order ID 93208***93208***

Page 1

November-15-12 9:23:46 AM

Item ID: 646.3713

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Gusset

Stop

NS2

Start Date: 11/15/12

Start Qty: 10.00

10

Cust Item ID:

Required Date: 12/07/12

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan: MLJ

Date: 12-11-16

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
646.3700	A	0.00							
110									
110									
Waterjet	Memo	0.00							
FLOW CNC Waterjet	1-Cut as per Dwg Dwg Rev: <u>1A</u>								
<u>6661.063</u>	Prog Rev: <u>1A</u>								
	2-Deburr if necessary								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
120									
QC	Memo	0.00							
Quality Control									

(14)

15

12-11-16

JAN 11-17

(14)

15

12-11-17

JAN 11-17

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							

Work Order ID 93208

93208

Page 2

November-15-12 9:23:46 AM

Item ID: 646.3713

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Gusset

Stop

NS2

Start Date: 11/15/12 Start Qty: 10.00

10

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

130

QC

Quality Control

QC8- Inspect parts - second check

0.00

DAS

15

9-09

0.00

10/11/27

140

140

Brake NC

Brake NC

Bend as per dwg

0.00

0.00

14

SA
10/12/06

150

150

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

DAS

15

0.00

10/12/06

14

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS						
Part No. _____			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector	
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												
FAULT CATEGORY												
Landing Gear				General								
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled		<input type="checkbox"/> Other			
	<hr/>											

Work Order ID 93208***93208***

Page 3

November-15-12 9:23:46 AM

Item ID: 646.3713

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Gusset

Stop

NS2

Start Date: 11/15/12

Start Qty: 10.00

10

Cust Item ID:

Required Date: 12/07/12

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 *160* Outsource4	Outsource process-Anodize per QSI017 4.1.10.1	0.00							<i>PL13-01-15</i>
Outsource process - Anodize	Memo <i>18829</i>	0.00							
	ISSUE P/O: <i>18829</i>								
	HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)								
170 *170* Packaging	Receive & Inspect for Damage & Mat'l Certs	0.00							<i>PL13/13 (14)</i>
Packaging	Memo	0.00							
180 *180* QC	QC5- Inspect part completeness to step on W/O	0.00	<i>(DAS 16)</i>						
Quality Control	Memo	0.00	<i>(S-5)</i>	<i>13/01/10</i>					

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
			Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
			Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
			Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
			Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
			Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
			Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
			Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>					
			Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>						
			Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
			Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
			Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

NCR: Yes / No

DQA: Date: / /

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												
FAULT CATEGORY												
Landing Gear				General								
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
Cracks <input type="checkbox"/>				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>					
Crushed/Crimped. <input type="checkbox"/>				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
Cuffs <input type="checkbox"/>				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
Heat Treat <input type="checkbox"/>				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
Inspection Strip in Tube <input type="checkbox"/>				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>						
Ripples in Bend <input type="checkbox"/>				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>							
Torque Waves in Extrusion <input type="checkbox"/>				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
Turning Sequence <input type="checkbox"/>				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							
Wave/Twist in Tube <input type="checkbox"/>				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>							

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS				
Part No. _____			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									
FAULT CATEGORY									
Landing Gear				General					
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio					
				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions					
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge					
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled					
				<input type="checkbox"/> Other					

Picklist Print

November-15-12 9:23:45 AM

Page 1

Work Order ID: 93208

Parent Item: 646.3713

Parent Item Name: Gusset

Start Date: 11/15/12

Required Date: 12/07/12

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.10.22 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6S.063 6061-T6 .063 Sheet		Purchased	No		110		sf	394.2238	0.299	31473684 3.2	3.94	12-11-27 Jm-r-11-24	

Location	Loc Qty	Loc Code
MAT021	394.2238320	
113608	0	
116308	5.01556842	
117285	67.544	
119331	44.2	
119802	3.94	119802
120218	15.86	
120866	64.8126316	
121805	113.551632	
123135	79.3	123135

(14)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS										
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>								
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>								
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>								
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
														<input type="checkbox"/> Other	

DART AEROSPACE LTD

Work Order:

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903209

Description: GUSSET

Part Number: 646-3713

Inspection Dwg: 646-5713 Rev: A

Page 1 of

FIRST ARTICLE INSPECTION CHECKLIST

Measured by:

1

Audited by:

185

15
9-89

Preliminary Approval:

Date:

NOTES:

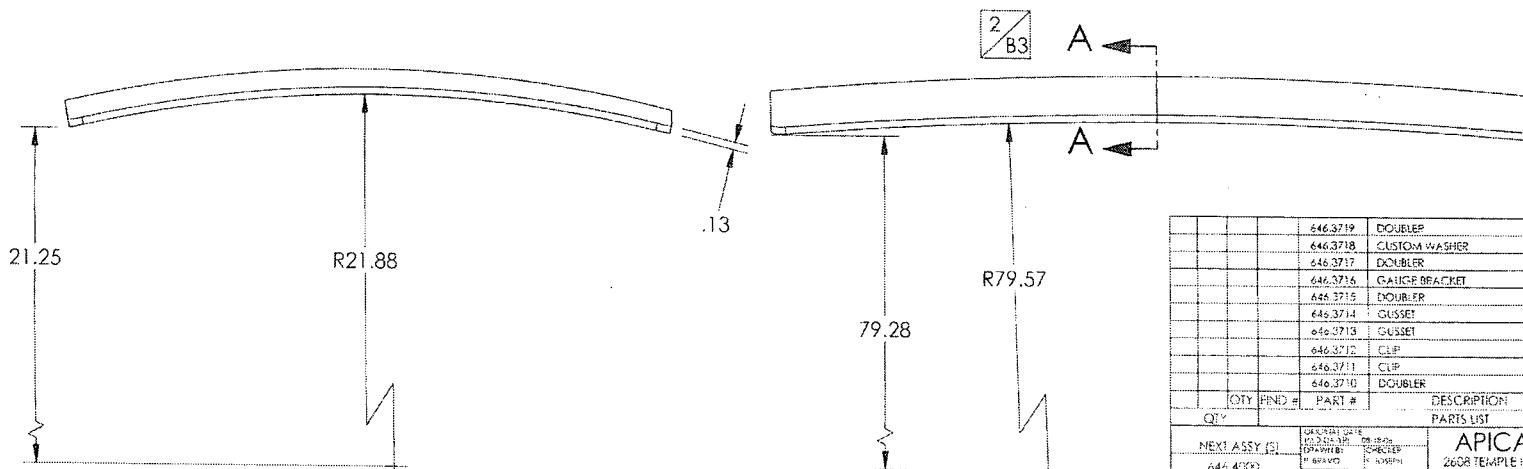
- 1 MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
- 2 FINISH: HARD ANODIZE (AW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK; CARDINAL 4840 SG PRETREATMENT PRIMER PRIME (AW MIL-P-23377J) TYPE I CLASS N
- 3 MATERIAL: T74 PH AMS 5604, CONDITION H900
- 4 FINISH: PRIME (AW MIL-P-23377J) TYPE I CLASS N
- 5. DEBURR AND BREAK ALL SHARP EDGES
- 6. IDENTIFY (AW MPP-120)

SHEETMETAL

P1

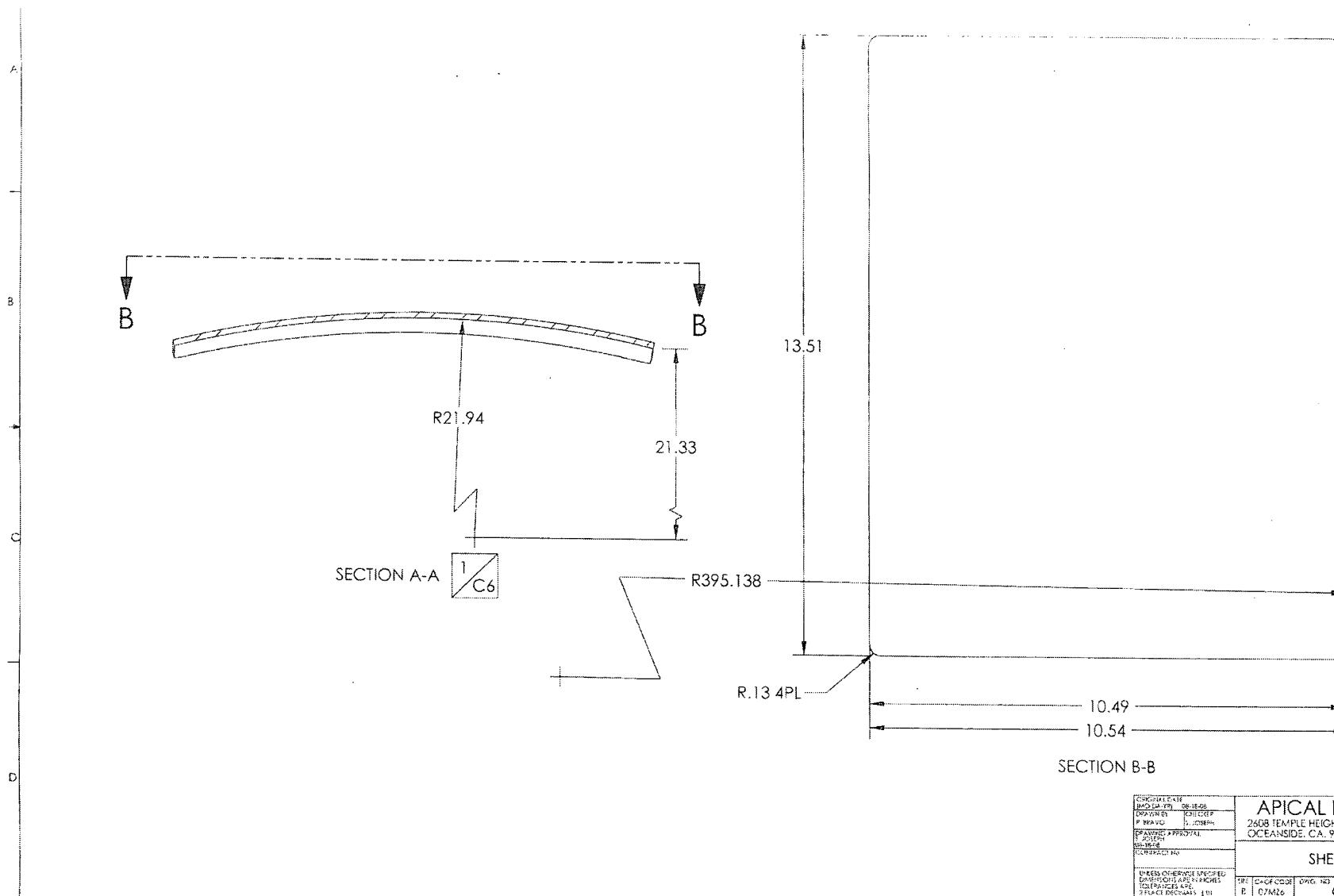
93208 ML5
12-11-14

646.3710



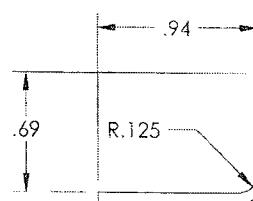
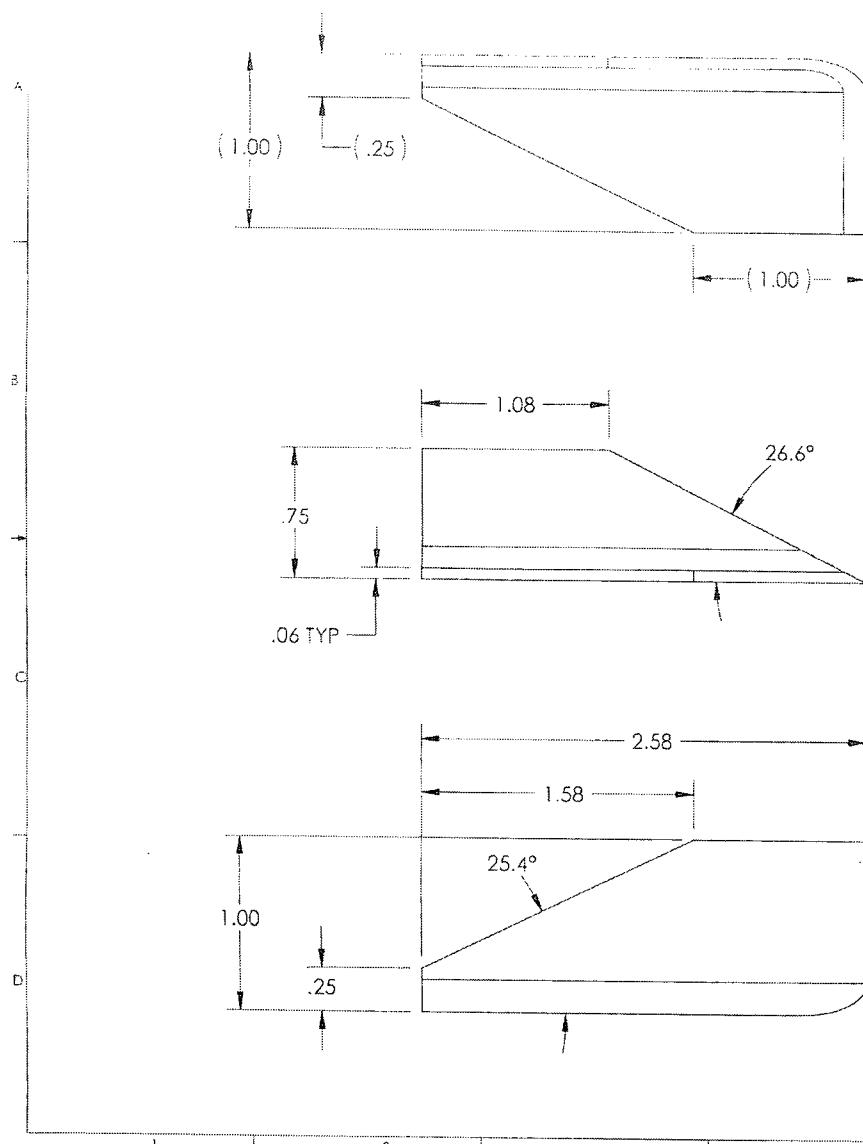
QTY	PN/DES	PART #	DESCRIPTION	MAFL	SPEC.
		646.3719	DOUBLER		
		646.3718	CUSTOM WASHER		
		646.3717	DOUBLER		
		646.3716	GAUGE BRACKET		
		646.3715	DOUBLER		
		646.3714	GUSSET		
		646.3713	GUSSET		
		646.3712	CLIP		
		646.3711	CLIP		
		646.3710	DOUBLER		
PARTS LIST					
NEXT ASSY (S)					
646.4000					
DRAWING APPROVAL					
CAG/CDR					
CAG/CDR					
DRAWING DATE					
12-11-14					
DRAWN BY					
H. BRAVO					
APICAL INDUSTRIES					
2608 TEMPLE HEIGHTS DR.					
OCEANSIDE, CA, 92054-3512 (760)724-5300					
SHEETMETAL					
REF CAG/CDR Dwg. No					
B 07M76 646.3700					
REV A					
SCALE NONE					
SHEET 1 OF 9					

93208



APICAL INDUSTRIES	2608 TEMPLE HEIGHTS DR.
	OCEANSIDE, CA. 92056-3512 (760)724-5300
SHEETMETAL	
646.3/00	
SCALE: NONE	Sheet 2 of 9

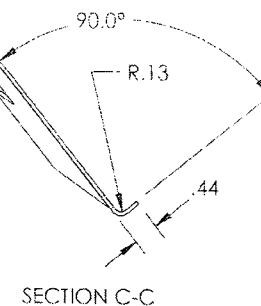
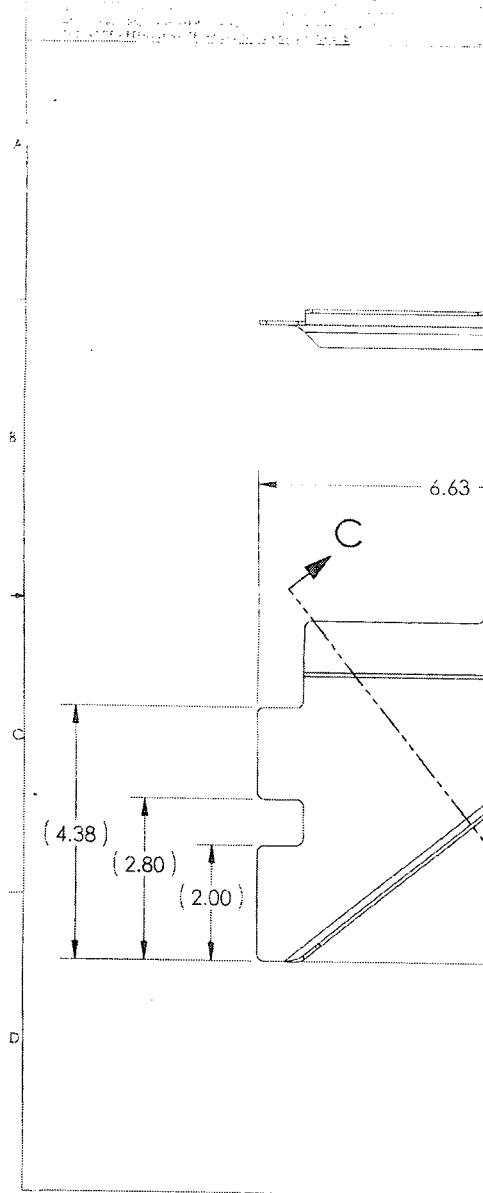
93208



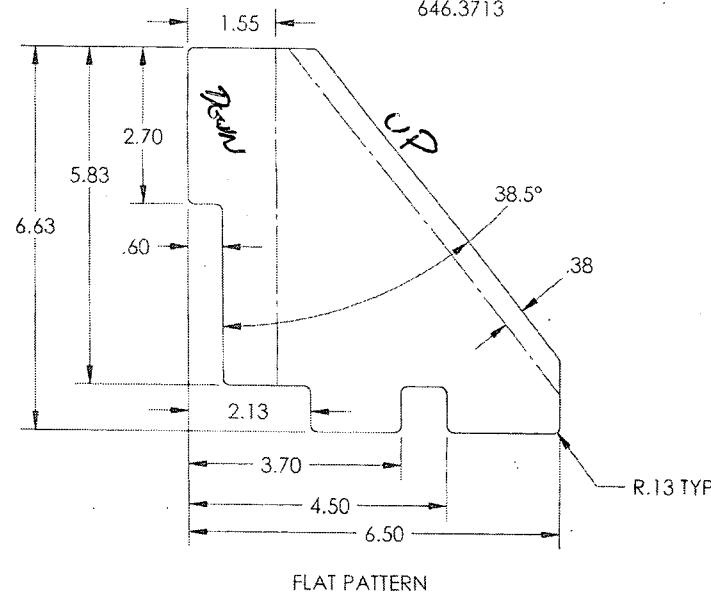
646.3711 SHOWN
646.3712 OPPOSITE

NEXT ASSY (S)	COPR. DATE 08-19-97		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA, 92056-3512 (760)724-5300	
	DRAWN BY P. BRAVO	CHECKED J. LOMEN		
DRAWING APPROVED J. LOMEN COMPT. DATE				
SHEETMETAL				
INCHES/INCHES	MM/MM	REV. 4		
B 1.07480	D 24.00	646.3700		
SCALE 1:100				

93208



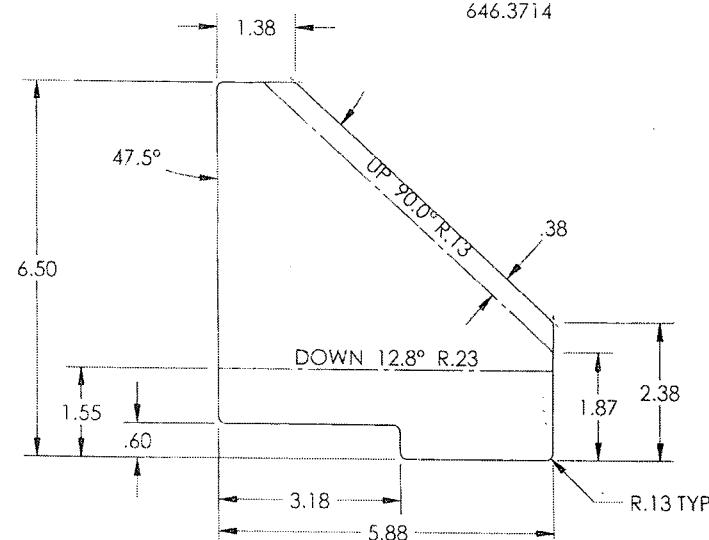
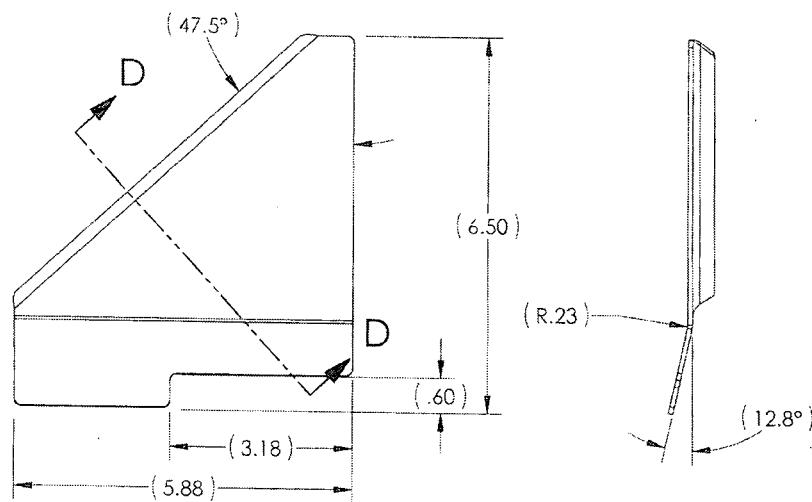
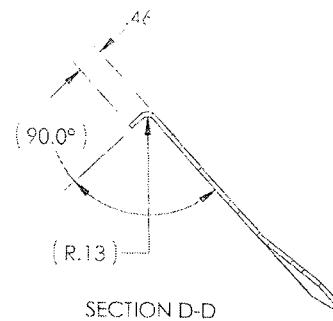
SECTION C-C



NEXT ASSY (S)	04-15-08 DRAWN BY: [Signature] P. REVISER: [Signature] DRAWING APPROVAL: [Signature] DATE: 04-15-08 CONTRACTED	APICAL INDUSTRIES 2408 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300
		SHEETMETAL

646.3700
SHEET 1 OF 1
SCALE: 1:1000

93208

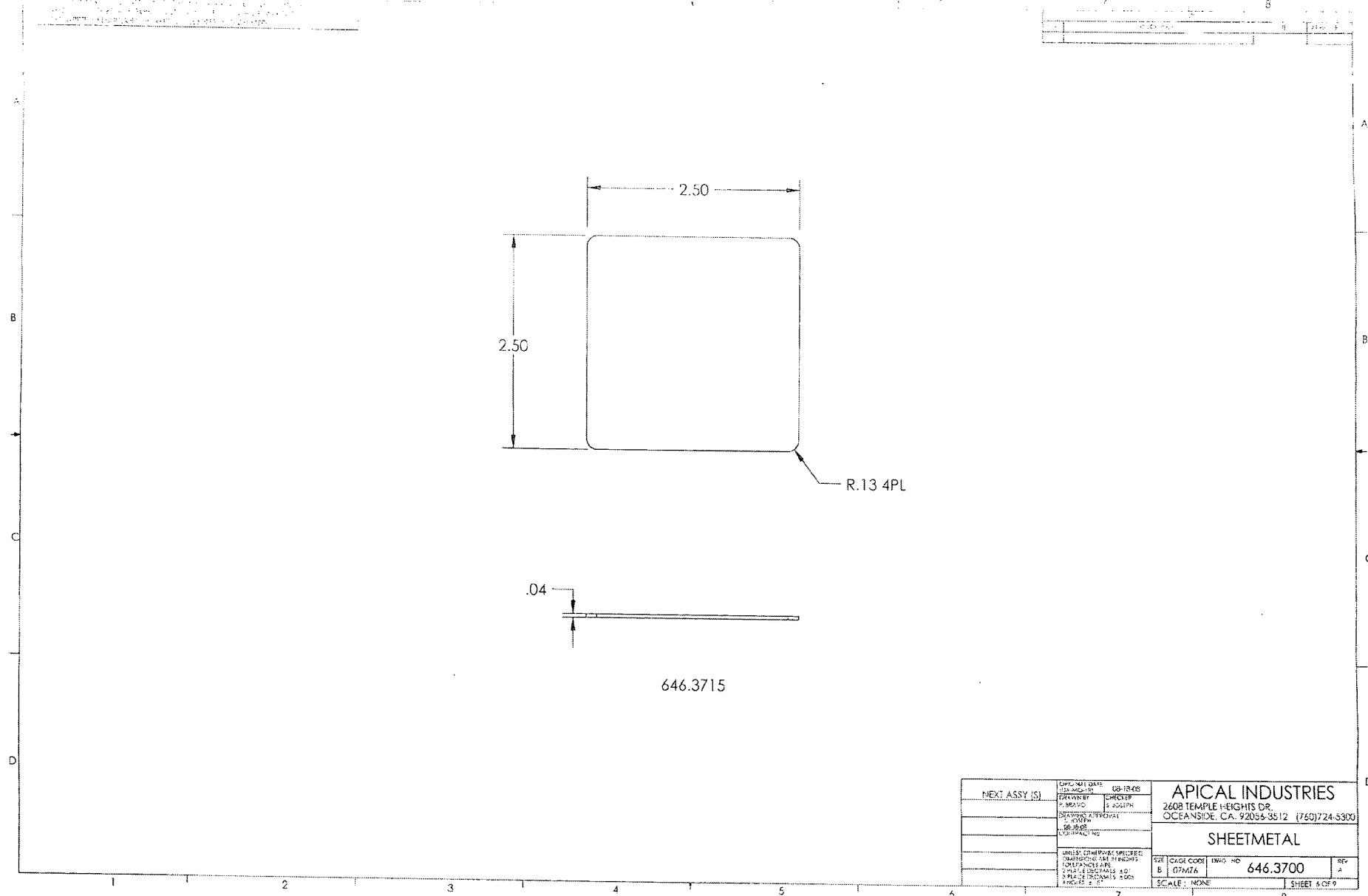


FLAT PATTERN

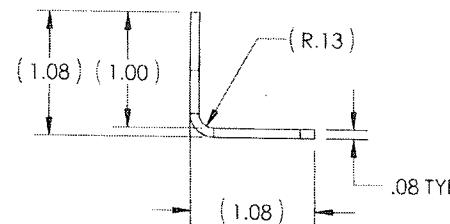
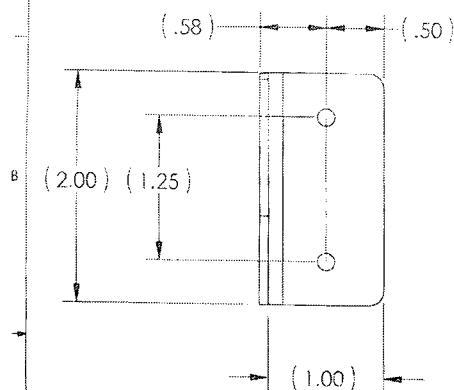
CHARTERED DATE: 04-15-88 DRAFTED BY: T. COOPER P. REV'D: 3.10.89 S. APPROVED: 1.15.90 C. VERIFIED: 1.15.90 L. DRAWN: 1.15.90 C. COMPUTED: 1.15.90	APICAL INDUSTRIES 2606 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
1/8"LESS CENTERLINE SPACED 12MM HOLE +.005" TIC 10MM HOLE +.005" TIC 11MM HOLE +.005" TIC 11MM HOLE +.005" TIC 11MM HOLE +.005" TIC	SEE DRAWING NO. 646.3700 B 07x26 Dwg. 10 SCALE: NONE SHEET 5 OF 9

SHEETMETAL

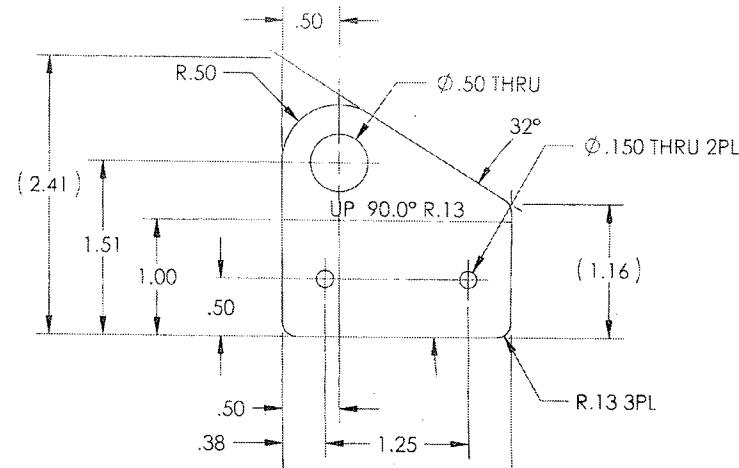
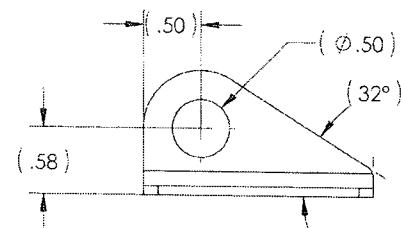
93208



93Z08



646.3716

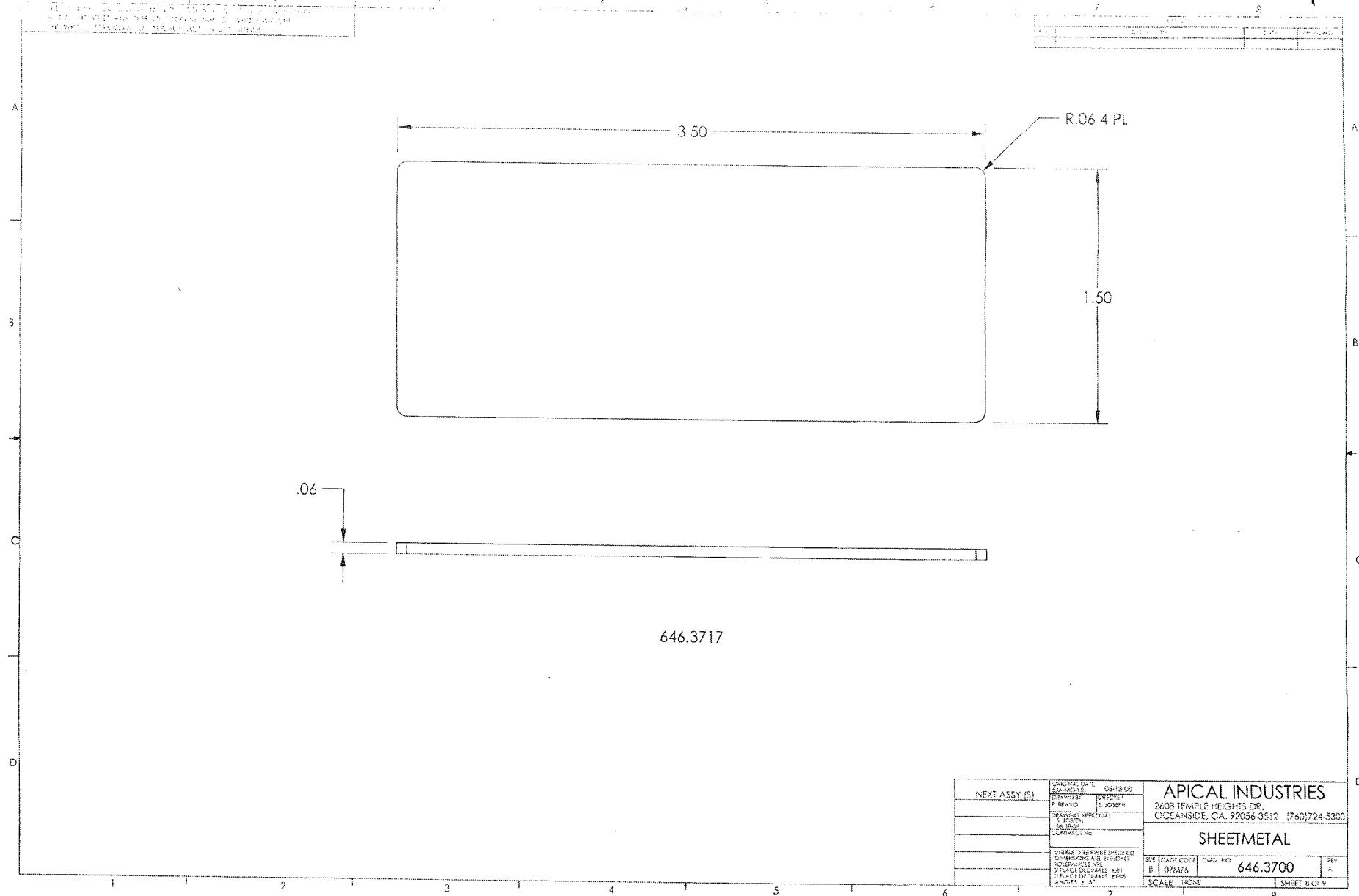


FLAT PATTERN

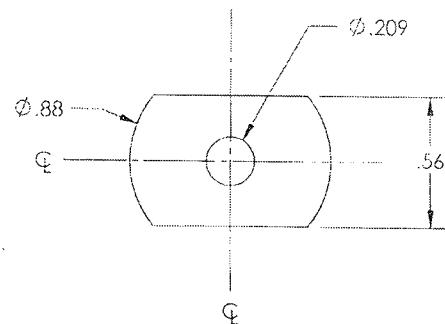
NEXT ASSY IS:		APICAL INDUSTRIES	
ITEM NO.	50-1904	ADDRESS	OCEANSIDE, CA. 92056-3512 (760)724-5300
PRINTED	10-1984	TELEPHONE	(760)724-5300
BY	JOSEPH		
REVISION			
PRINTED BY			
PRINTING			
SHEET METAL		SHEET METAL	
ITEM NO.	646.3700	REV.	A
PRINTED	10-1984	SCALE	1:16
BY	JOSEPH	SHEET	7 CTS
REVISION		DATE	
PRINTED BY		PRINTED	
PRINTING		PRINTING	

-8-

93208

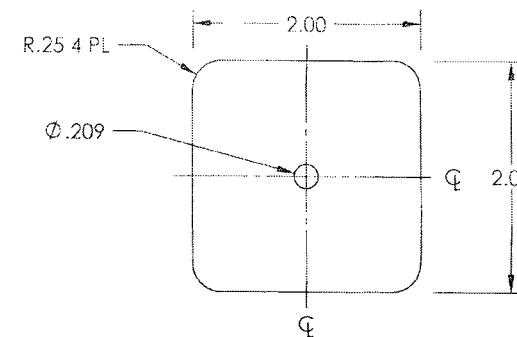


93208



The diagram shows a horizontal line representing a binary sequence. A vertical arrow points to the first bit from above, and a horizontal arrow points to the second bit from below.

646,3718



.06

646.3719



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62212

Date: 13-Feb-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via

Quantity	Description	Rev:
1 lot	Part: ASST 4 PCS 647.2010 14 PCS 647.2011 4 PCS 646.9910 4 PCS 647.1813 3 PCS 647.7915 8 PCS 649.4816 170 PCS 646.9910 30 PCS 646.3715 4 PCS 647.7914 14 PCS 646.3713 41 PCS 649.4813 4 PCS 647.1910 16 PCS 646.9710 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20130090	<i>S 13/04/10</i>

PO: PO18829

Line:

Certificate of Conformance

A.T.G. Industries certifies that all items in this shipment are in conformance
with all requirements, specifications and drawings referenced in the purchase order.

ISO 9001 : 2008 REGISTERED
ATG SALES-2010 TERMS APPLY

DATE: 13/2/13

CERTIFIED SIGNATURE: MM

RECEIVER SIGNATURE: _____